ATTORNEY OR PARTY WITH	IOUT ATTORNEY (Name, state bar number and address):	
TELEPHONE NO: E-MAIL ADDRESS (OPTIONA ATTORNEY FOR::	FAX NO: (OPTIONAL)	
□ San Luis Obisp □ Grover Beach	COURT OF SAN LUIS OBISPO COUNTY o Branch, 1035 Palm Street, Rm 385, San Luis Obispo, CA 93408 branch, 214 South 16th Street, Grover Beach, CA 93433 anch, 549 10th Street, Paso Robles, CA 93446 .net	
Plaintiff: Defendant:		Judge:
Deteriorit.	REQUEST TO SET (UNLAWFUL DETAINER)	CASE NO:
1. This case is a	t issue. I request that this case be set for trial	
2. Is a jury dema	anded? Yes No	
3. Time required	for trial, in hours. (Estimate carefully)	
4. The following dates are not acceptable for me:		
5. The names a	nd addresses of the attorneys for the other parties, or of t	he parties appearing in pro per, are shown
in the declara	tion of mailing below. I TYPE OR PRINT NAME I SIGNA	ATURE
	3.5.1.	
request five days	es not agree with the information or estimates contained after service of this request. ner case must be set for trial on a date not later than 20 d	
	DECLARATION OF SERVICE BY N	MAIL
time of mailing, I v	or a resident of, the county in which this mailing occurred was at least 18 years of age. I placed true copies in envewith first class, prepaid postage, in the United States mail	elopes addressed as shown below and
My business/resid	lence address is	·
I declare under pe	enalty of perjury, under the laws of the State of California, TYPE OR PRINT NAME OF DECLARANT SIGNA	, that the foregoing is true and correct.
Names and addre	esses of parties to whom mailed:	
Traines and addre	soco of parties to whom mailed.	

CVUD09 New 10/30/03 Mandatory **REQUEST TO SET** (UNLAWFUL DETAINER)

CCP 1170.5(a)